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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63) Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e)) Declaration Submitted

with Initial Filina

Attorney Docket Num	ber 25481-P001US
First Named Inventor	Schreiber
COMPLE	TE IF KNOWN
Application Number	09 /902,176
Filing Date	July 10,2001
Group Art Unit	1645
Examiner Name	

	requirea)	Examiner Name				
As a below named inventor, I her	eby declare that:					
My residence, mailing address, and						
I believe I am the original, first and names are listed below) of the subi	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Diagnostic Use of polymor Detecting Non-Responders	phisms in the Gene	Coding for the TNF				
	(Title of th	e Invention)				
the specification of which	(Title Of th	e mvendony				
is attached hereto						
or was filed on (MM/DD/YYYY) July 10, 2001 as United States Application Number or PCT International						
Application Number	and was a	mended on (MM/DD/YY)	m	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
00114786.7	Europe	07/10/2000				
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SE	3/02B attached hereto:		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all	correspondence to:	Customer Number or Bar Code Labe	1		OR C	prespondence address below
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Country	US	Teld	ephone	(214)	745-5374	Fax (214) 745-5390
are belie made are	ved to be true; and further th	at these statemen onment, or both, u	ts were made witl	h the k	nowledge that willful f	made on information and belief false statements and the like so e statements may jeopardize the
NAME	OF SOLE OR FIRST IN	VENTOR :	A petition h	as be	en filed for this un	signed inventor
	Given Name Stefan Family Name Schreiber (first and middle [if any]) or Surname					
Inventor Signatur	Inventor's Selan SI-Jul-200				Date 1 - July - Zory	
Residen	Kiel Ce: City		State		Country DE	Citizenship
Moltkestrasse 77 Mailing Address						
City	D-24105 Kiel		State		ZIP	Germany Country
NAME	OF SECOND INVENTO	R:	A petition ha	s bee	n filed for this unsi	igned inventor
Given Na	ame Jochen		,		ly Name Hampe	
Inventor Signatur	/ // / / /	4	Celi,	Á		31.7.01 Date
Residen	Berlin ce: City		State		Country	Citizenship
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City	0-12437 Berlin		State		ZIP	Germany Country
✓ Add	Additional inventors are being named on the1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					





Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2__ of 3__

Name of Additional Joint Inventor, if any:		<u>. LJ</u>	A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		 	Family Name or Surname			
Silvia		ļ		Masc	here	etti
Inventor's Scue Madelli						Date 31/HO1
Residence: City Kiel	State		Country Germany		c	itizenship
Mailing Address Sternstrasse 9			·····			
Mailing Address						
City D-24103 Kiel	State		ZIP	Cou	ıntry	Germany
Name of Additional Joint Inventor, if ar	ıy:		A petition h	as been filed fo	r this	unsigned inventor
Given Name (first and middle [if any]	1)			Family Name	or Su	mame
Inventor's Signature Date				Date		
Residence: City	State		Country			Citizenship
Mailing Address						
			•			
Mailing Address			T			
City	State		ZIP		Coun	try
Name of Additional Joint Inventor, if a	ny:		A petition ha	as been filed for	this	unsigned inventor
Given Name (first and middle [if any])		Family Name or Sumame				
Inventor's Signature						Date
Residence: City	State		Country			Citizenship
Mailing Address						
Mailing Address						
City	State		ZIP		Coi	untry

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e a plus sign (+) inside this box PTO/SB/81 (02-01) 2 6 2001 Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. 09/902,176 **Application Number** 4 TRAD 10,2001 Filing Date Stefan Schreiber **First Named Inventor POWER OF ATTORNEY OR** Diagnostic Use of Polymorphi: **AUTHORIZATION OF AGENT** 1645 **Group Art Unit Examiner Name** 25481-P001US **Attorney Docket Number**

I hereby appoi	nt:				
Practition OR	ners at C	Customer Number		→ Ni	ace Customer umber Bar Code abel here
✓ Practition	er(s) na	med below:			
		Name		Registration	Number
<u>Jan</u>	<u>nes J. M</u>	urphy		34,503	
Kell	y K. Koı	dzik		36,571	
		cer Garsson		38,150	
Bar	ry Newb	perger		38,286	
		agent(s) to prosecute the application States Patent and Trademark Office of			to transact all
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Firm or Individual Na	me	James J. Murphy			
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Country		United States of America			
Telephone		(214) 745-5374	Fax	(214) 745-53	90
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
		SIGNATURE of Applicant or Assi	gnee of	Record	
Name	Silvia Mascheretti				
Signature	Signature Siece Transcription				
Date 31/7/01					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/902,176
Filing Date	July 10,2001
First Named Inventor	Stefan Schreiber
Title	Diagnostic Use of Polymorphi:
Group Art Unit	1645
Examiner Name	
Attorney Docket Number	25481-P001US

I hereby appoint:				
Practitioners at Customer Number	Place Customer Number Bar Code			
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Practitioner(s) named below:				
Name	Registration Number			
James J. Murphy	34,503			
Kelly K. Kordzik	36,571			
Ross Spencer Garsson	38,150			
Barry Newberger	38,286			
as my/our attorney(s) or agent(s) to prosecute the application business in the United States Patent and Trademark Office of				
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City Dallas	State Texas Zip 75250-0784			
Country United States of America	United States of America			
Telephone (214) 745-5374	Fax (214) 745-5390			
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assigned of Record				
Jackson Hamme (6 N) HVOl. (3170)				
Name	Journal Hampe			
Signature	/ ~ "			
Date				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
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PTO/SB/81 (02-01)

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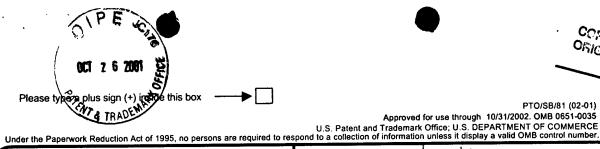
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Application Number	04/902.176		
Filing Date	July 10, 2001		
First Named Inventor	Stefan Schreiber		
Title	Diagnostic Use of Polymorphi:		
Group Art Unit	1645		
Examiner Name			
Attorney Docket Number	25481-P001US		

I hereby appoint:				
	t Customer Number		→ Nu	nce Customer mber Bar Code bel here
Practitioner(s)	named below:		L	
<u></u>	Name		Registration N	Number
James J			34,503	
Kelly K. I	Kordzik		36,571	
Ross Sp	encer Garsson		38,150	
Barry Ne	wberger		38,286	
	or agent(s) to prosecute the application d States Patent and Trademark Office co			o transact all
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	SIGNATURE of Applicant or Assig	nee of	Record	
Name Stefan Schleiber . Signature				
Date 01/3467(01				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
☑ *Total of4	forms are submitted.			





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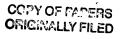
Application Number	09/902,176		
Filing Date	July 10,2001		
First Named Inventor	Stefan Schreiber		
Title	Diagnostic Use of Polymorphi:		
Group Art Unit	1645		
Examiner Name			
Attorney Docket Number	25481-P001US		
Examiner Name			

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James J. Murphy	34,503			
Kelly K. Kordzik	36,571			
Ross Spencer Garsson	38,150			
Barry Newberger	41,527			
as my/our attorney(s) or agent(s) to prosecute the application in business in the United States Patent and Trademark Office cor	dentified above, and to transact all nected therewith.			
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Address P.O. Box 50784, 1201 Main Street	P.O. Box 50784, 1201 Main Street			
City Dallas	Dallas State Texas Zip 75250-0784			
Country United States of America				
Telephone (214) 745-5374	(214) 745-5374 Fax (214) 745-5390			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assign	ee of Record			
Name Pwl. Sklau Sc	Prol. Stefan Schreib			
Signature	Jel- Plus			
Date 31- July -				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
☑ *Total of4forms are submitted.	and its upon the pends of the individual case. Any comments to			

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Schreiber, et al.

Filing date:

July 10, 2001

Art Unit:

not yet assigned

Examiner:

not yet assigned

Title:

DIAGNOSTIC USE OF POLYMORPHISMS IN THE GENE CODING FOR

THE TNF RECEPTOR II AND METHOD FOR DETECTING

NON-RESPONDERS TO ANTI-TNF THERAPY

Assistant Commissioner for Patents Washington, DC 20231

DESIGNATION OF DOMESTIC REPRESENTATIVE

Dear Sir:

Assignee, Conaris Research Institute GmbH, of the above-captioned patent application, does hereby appoint James J. Murphy, Kelly K. Kordzik, Ross S. Garsson and Barry Newberger, all of the firm of WINSTEAD SECHREST & MINICK P.C. to be its domestic representative on whom may be served notices or process in proceedings affecting this application and any subsequent issued patent.

Please address all correspondence to:

James J. Murphy Winstead Sechrest & Minick P.C. P.O. Box 50784 1201 Main Street Dallas, Texas 75250-0784 (214) 745-5374

Respectfully submitted, CONARIS RESEARCH INSTITUTE GmbH

Printed:

Title

: (anajuj Disec.

3499945.1 471-25481-P001US